

Effectiveness of Quality of Life Therapy Aimed at Improving Sexual Self-Efficacy and Marital Satisfaction in Addict Couples of Treatment Period

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Abstract

Those who are addicted to substances face increased psychological emotional, social and economic problems which can potentially have negative impacts on marital satisfaction and sexual self-esteem and efficacy. Routine activities are often displaced by the need to satisfy the physiological urges. Within a marital union, this along with other variables can distract many from their expected marital responsibilities and daily activities.

This study investigated quality of life, marital satisfaction, and sexual self-efficacy in couples who were both addicted to substances within an identified treatment period.

The number of participants was 40 ($N = 40$). Participants were randomly assigned to two of four treatment conditions. Each group was comprised of 10 people undergoing treatment for addiction. All participants were couples entering treatment together who agreed to participate in a treatment program in Qazvin city. Instruments utilized in this investigation included the Enrich marital satisfaction questionnaire (short form) and the Reynolds' sexual self-efficacy scale. Treatments consisted of eight sessions of training in the form of group therapy, which were conducted by trained clinicians. The control group consisted of those who were waiting for training. No treatment/training was given. After intervention both groups were tested. Descriptive and inferential statistics were used to analyze data.

The results indicated that training significantly improved marital satisfaction and sexual self-efficacy. Scores obtained in the treatment and control group showed a significant difference ($p < 0.05$). The conclusion of this study suggests that couples where both partners are addicted to substances can increase their levels of satisfaction and efficacy within the marital union. Quality of life therapy empowers people to actualize their knowledge, attitudes and values. These skills can enable partners to have increased motivation for starting healthy behaviors which will have significant impacts on their marital satisfaction and sexual function. Trainings designed to enhance communication and collaboration can improve the quality of the marital union despite the influence of substance and addiction within both marital partners.

Keywords

Quality of Life, Sexual Self-Efficacy, Marital Satisfaction

Addiction is a chronic and reoccurring disease that includes the interplay of several genetic, psychological, social and environmental factors. The interaction of these variables can lead to initiation and continuation of it. Similar to other mental illnesses, one-dimensional approaches to understanding addiction is often destined for failure. Multidimensional approaches explain that addiction is commonly rooted in several factors. Therefore, if we begin to dissect current methods of treatment, most don't have adequate efficacy and even in the best treatments, success rates in yearlong have been reported at 30-50% (Brien & McLellan, 2006). This demonstrates the essential need in treatment to consider all factors.

People who are addicted to substances typically face psychological, emotional, social and economic problems which can have negative impacts on their marital satisfaction and sexual self-efficacy. These impacts keep them from daily activities (Chen, Yeh & Lee, 2009; Elliot et al, 2006).

The National Institutes of Health have defined erectile dysfunction as the inability to obtain or maintain an erection within a given sexual encounter {as

deemed satisfactory by subject} and this disorder can be progressive (National Institute of Health, 1993). This is the most common sexual dysfunction among men. More than 30 million men in North America and more than 150 million men worldwide have been reported to have some form of this disorder (Aytac, MacKinlay and Krane, 2003).

The main cause of erectile dysfunction was found to be diminished vasocongestion caused by genital issues and other physical factors (cardiovascular disease, diabetes, nervous system disorders, hormonal problems, surgeries, strokes, chronic medical conditions, lifestyle inactive and excessive consumption of alcohol and smoking) and psychological factors (low self-esteem, stress, depression, communication problems) (Miller, 2000; Lue, 2004; Melman and Gingell, 1999; National Institute of Health, 1993).

This disorder can produce trauma in a relationship. It can also affect self-image and relationship with partner. Erectile dysfunction has been associated with several social and psychological issues including; depression, anxiety about sexual performance, refusing sex, relationship distress and disruption

in problem solving skills (Feldman, Goldstein and Hatzichristou, 2005)

On the other hand, people who suffer with substance addiction may have some damaged cycle of function which prevents development of the necessary skills for life. These dysfunctions have negative effects on physical health, marital and personal life. Marital satisfaction is an overall assessment of current status of the marital relationship or person's romantic relationship. Marital satisfaction can be positive reflections of marital relations and happiness or being pleased by a combination of many factors specific to marital relationship. According to Ahmadi, Nabipour, Kimiaii and Afzali (2010) It can be a psychological concept because it fluctuates. They found that in the initial years, the concept is very unstable.

Understanding factors associated with marital satisfaction is essential for stability of family life. It's hypothesized that by increasing marital satisfaction in couples (especially addicted); mental, emotional and social problems can be reduced. Also by upgrading levels of marital satisfaction and satisfaction of life, people will approach social, cultural and economic progress with more peace of mind (Sanaei, Alaghband and Hooman, 2000).

In recent years, our understanding of efficacious prevention and intervention treatments have shown that the best method of prevention within diverse communities consists of not one, but several strategies used at the same time. Three strategies that are often used include; legal and protection strategy, training-educational strategies and therapy. Educational strategies have led the research in the field. This framework attempts to provide education to individuals about their ability to quit using substances. On the other hand Bolton (2004) believes that a great deal of addiction therapies have been focused on drugs but very little is focused on mental health. Research looking at this framework introduces the concept of "training treatments".

Training treatments combine the physical, psychological and social conditions. Scholars such as Carroll et al. (2009), Mandell, et al. (2008) have shown how training strategies are effective to improve physical and mental health of addicts. Studies also show that training interventions can be effective in addicted people to enhance marital satisfaction; increase their performance of immune system and hopefulness (De Leon, 2006).

One method utilized in the training treatments approach centers on the quality of life framework. Quality of life therapy is based on a relatively new approach founded by Frisch (2006) and includes integration of positive psychology and cognitive therapy. It is associated with the latest Beck reformation of cognitive therapy, cognitive theory of depression and mental pathology. Quality of life therapy involves an approach to increase satisfaction of life.

Satisfaction of life can be described as individual assessment of various aspects (Frisch, 2005). Quality of life therapy tries to integrate and use the latest research related to happiness, positive psychology and management of emotions with insight arising from clinical work and positive psychology in effective form.

Quality of life therapy's characteristics include;

1. It has a holistic view to life and is related to valuable and important life goals; so that clients feel direct communication between intervention or home assignment and realization of the most important needs, desires and goals.
2. Exploration of therapeutic meaning; which help clients to find the most significant thing for their health and happiness.
3. It is knowledge and skills-based that is associated with the most valuable and important aspects of life.
4. Its five-step model about life satisfaction which presents a plan for quality of life and the positive psychology-based intervention.

With "Quality of life" as its main aim, this technique's focus is to create welfare and satisfaction with life. It operates utilizing of 5 foci; Circumstance, Attitude, Standards of fulfillment, Importance, Overall satisfaction (CASIO). In short, CASIO is explained by acronym:

1. **C**onditions or objective features
2. **A**ttitude or how perception and interpretation of conditions by person
3. Personal assessment based on **S**tandards of fulfillment or success
4. Values that people have in relation to their overall health or happiness about a field (**I**mportance)
5. **O**verall satisfaction are not immediate concern in life can be increased even in fields that are not an immediate concern.

Investigations showed that cognitive therapy includes therapy that is used by specialists to increase marital satisfaction (Soleimani, 2004), but it seems that there is gap in previous research. The positive psychology approach is not used with addicted couples. The present study uses a Frisch model (quality of life therapy) which combines cognitive therapy and positive psychology to intervene in marital satisfaction and sexual self-efficacy.

We believe this model with its 16 main domains of life and CASIO principles help clients to increase not only their satisfaction in each of these areas, but also their overall satisfaction of life.

Also, an introduction of effective factors on marital satisfaction and sexual self-efficacy demonstrates that these fields influence several factors such as; individual factors, factors related to couples, factors related to how couples present in front of other people and environmental factors on couples. It appears that the Frisch's method can be used with these factors.

Table 1. Results of Shapiro Wilk test for evaluation of normality of data

Variable	Group	Shapiro-Wilk Test		
		Sig.	df	F
Marital satisfaction	Test	0.301	20	0.934
	Control	0.204	20	0.693
Communication skills	Test	0.603	20	0.895
	Control	0.300	20	0.956
Problem solving	Test	0.403	20	0.903
	Control	0.070	20	0.801
Distorted ideal	Test	0.172	20	0.903
	Control	0.098	20	0.710
Pleasurable Sexual intercourse without apprehension	Test	0.173	20	0.908
	Control	0.076	20	0.933
Maintaining of erection during sexual intercourse	Test	0.173	20	0.873
	Control	0.103	20	0.874
To ensure sexual confrontation	Test	0.209	20	0.874
	Control	0.090	20	0.918
To reach orgasm	Test	0.302	20	0.884
	Control	0.213	20	0.871
Sexual desire again	Test	0.208	20	0.891
	Control	0.100	20	0.861

This research is based on quality of life therapy by working on various fields and focuses on all aspects of life with addicted couples who are in treatment. This method employs the goal of exposure to positive psychology and cognitive strategies to increase marital satisfaction and sexual self-efficacy.

Methodology

This research utilized a mixed methods experimental design that was conducted in 2011.

Participants

The study sample included two experimental and control groups of 10 addicted couples in treatment in Qazvin city ($N = 40$).

All participants (in control and experiment group) ranged in age between 27 to 45 years. They were deemed physically healthy and had obtained middle class economic status. All participants were currently living with their spouse. In the experiment group, all participants attended until last session. There was no attrition. The control group did not receive any intervention. They were given pre-test and post-test assessments.

Inclusion criteria included agreement of couples to participate in intervention and at least a third grade secondary education.

Exclusion criteria included illiteracy and certain physical and psychological problems

Table 2. Result of Levene's test for homogeneity of intergroup variance of data

Variable	Levene's Test			
	F	df ₁	df ₂	Sig.
Marital satisfaction	0.289	1	38	0.594
Communication skills	4.045	1	38	0.810
Problem solving	2.932	1	38	0.095
Distorted ideal	0.020	1	38	0.889
Pleasurable Sexual intercourse without apprehension	0.138	1	38	0.772
Maintaining of erection during sexual intercourse	0.112	1	38	0.740
To ensure sexual confrontation	1.217	1	38	0.227
To reach orgasm	1.001	1	38	0.323
Sexual desire again	3.540	1	38	0.080

Table 3. Results of covariance analysis in evaluation of a quality of life therapy aimed at improving sexual self-efficacy and marital satisfaction in addict couples in treatment period

Index Sources Variation	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Marital satisfaction	225.625	1-38	225.625	66.283	0.000	0.636
Communication skills	396.900	1-38	396.900	149.774	0.021	0.798
Problem solving	172.228	1-38	172.228	47.032	0.001	0.697
Distorted ideal	190.221	1-38	190.221	52.0619	0.009	0.552
Pleasurable Sexual intercourse without apprehension	235.245	1-38	235.245	68.364	0.000	0.643
Maintaining of erection during sexual intercourse	148.728	1-38	148.728	134.910	0.001	0.780
To ensure sexual confrontation	112.915	1-38	112.915	113.570	0.003	0.749
To reach orgasm	62.500	1-38	62.500	46.447	0.000	0.550
Sexual desire again	67.600	1-38	67.600	92.072	0.001	0.708

Measures

1. Enrich's Marital Satisfaction Questionnaire (short form):

This has 36 items and is based on 4 subscales (marital satisfaction, communicative skills, how to solve disputation, ideal distorted). This questionnaire is designed to identify aspects of stable relationships between couples (Olson, 2006, quoted by Sadeghi, 2010). Validity of this questionnaire was reported 0.69 (Olson, 2006, quoted by Sadeghi, 2010). This questionnaire has been translated and back-translated by Iranian experts in psychology and linguistics and performed with Iranian samples. The scale validity through internal consistency and Cronbach's Alpha is shown 0.70 to 0.86 for each subscale and for was total of 0.79 (Sadeghi, 2010).

2. Sexual Self-Efficacy Scale-Erectile Functioning:

This scale is based on reviews of Bandura, Adams and Beyer (1977) sexual treatment questionnaire (Lobitz and Baker, 1979) and Erectile Difficulty Questionnaire (Reynolds, 1978). In this scale higher scores show more competence and qualifications of erectile men.

Libman, Rothenberg, Fichten and Amsel (1985) showed by split-half reliability for sexual efficacy scale in men and women respectively (0.88, 0.94). In Iran, Rajabi et al, (2012) with the use of factor analysis obtained Cronbach's Alpha in total 0.95 and for five factors was in range (0.91 – 0.82). Subscales include; pleasurable sexual intercourse without apprehension, maintaining of erection during sexual intercourse, to ensure sexual confrontation, to reach orgasm, sexual desire again.

Procedure

After the final sample selection, couples who were in the treatment period in the health centers of Qazvin city were divided into experimental group and control group, by random assignment. As incentive, each was promised that by regular and active participation in this group, exquisite prizes will be given to them and their health care costs would be discounted. Participants were required to attend at least 9 sessions.

Workshop sessions are as follows;

First session: introduction, declaring group's rules and objectives, introducing of training and definition of CASIO model, discussing about quality of life, satisfaction with life, joy, take pre – test and feedback.

Second Session: review previous session, define therapy based on quality of life, introduce aspects of life, introduce tree of life to group members and discover roots of clients' problems, discussion and feedback from members.

Third session: present five-stage CASIO model for satisfaction in life, environment and family because of three-stage strategy "loving it", "renouncing it" or "repair it." Take tasks, checklists and related principles of neighborhood or community attitudes and greater satisfaction on neighborhood or community.

Fourth session: review previous session and provide feedback, start with one of the CASIO aspect, introduced the Circumstance as first strategy and its application in dimensions of quality of life.

Fifth session: review assignments, discuss and feedback about CASIO, introduction of SIO (Standards of fulfillment, Importance, Overall satisfaction) as third, fourth and fifth strategy to enhance satisfaction of life.

Sixth Session: review assignments, discuss principles about quality of life and explain application of these principles to increase marital satisfaction.

Seventh session: reviewing assignments and continuing the discussion about important principles and application of them in couples relationships and discuss about sexual relationship.

Eighth session: review assignments, design and practice a plan, in order to prevent of replacing and maintaining achievements of people about habits which are under control of them. To create plan in prevention of couples' replacing, discuss then give conclusions and feedback.

Ninth session: provide summary of all sessions, conclusion about CASIO in different life situations and apply principles in different aspects of life.

Two months after the training questionnaires were carried out again. Post-intervention analysis was conducted using the obtained data were analyzed by using software SPSS version 19 and Covariance test, Shapiro Wilk test, Levene test.

NOTE: In order to comply with ethical principle of justice in study, after our research quality of life group therapy was also held for control group.

Results

Covariance analysis was used to evaluate data normality and covariance, and homogeneity of pretest scores between the two groups. In order to examine the normality data the Shapiro Wilk test was used. Levine test was used for evaluation of homogeneity of variance within groups. According to the data in Table 1 and Table 2, the findings were not significant ($\alpha = .05$ level). Assumptions were inferred about normality and homogeneity of data covariance and regression slope, and using of covariance was permitted for evaluation of assumptions with homogeneity of covariance.

According to Table 3, the results show significance ($\alpha = 0.05$), and ETA, it can be concluded that group therapy based on quality of life in marital satisfaction's subscales (marital satisfaction, communication skills, problem solving and distorted ideal) was effective.

Group therapy based on quality of life in sexual self-efficacy (pleasurable Sexual intercourse without apprehension, maintaining of erection during sexual intercourse, To ensure sexual confrontation, sexual desire again, To reach orgasm) of substance addicted couples in treatment period was significant at level $\alpha = 0.05$. So reject null hypothesis and research hypothesis is confirmed by 95% certainty. Finally it can be concluded that quality of life therapy enhanced sexual self-efficacy and marital satisfaction in substance addicted couples in treatment within a period of time.

■ Conclusion

Addicted people, in addition to physical consequences of addiction, face psychological emotional, social and economic problems that will have a negative impact on their marital satisfaction and sexual self-efficacy. It also prevents completion of daily activities. The results of many research studies suggest that mental health care is one of the most basic needs of those addicted to substances (Young, 2005).

Sexual satisfaction is an important predictor for marital satisfaction in couples (Cupach & Comstock, 1999; Greeley, 1991; Henderson-King & Veroff, 1994; Lawrance and Byers, 1995; Bakermans-Kranenburg, Van Ijzendor, 1993). Sexual self-efficacy has a relationship with marital quality (Hinchliff, 2004), marriage duration and emotional relations (Wilson, 2007), sexual abuse in childhood (Nelson, 2000), depression (Tower, kcl, 1995; Sandberg, Miler & Harper, 2002), sexual disorders (Hinchliff, 2004), sexual activity and emotional satisfaction (Hyde and Delamater, 2000) self-disclosure (Cupach et al., 2001), failure in marital relations and main family (Wilson, 2007), supporting relationships (Cupach et al., 2001), intimacy, emotional satisfaction, religious obligations and working hours of couples (Young, 1998).

Practice on different priorities and increasing satisfaction of substance addicted couples can't cover every important dimension of life. In this study, it we attempted to change priorities and enhance satisfaction which was not paid attention to in the past then provide strategies and principles of therapy to increase marital satisfaction.

Quality of life therapy changed couples' attitudes and emotions which lead to increased marital satisfaction. Science must begin to consider the importance of the sexual relationship. It is the one of the most important issues in life and it has been considered as barometer of emotional relationships. It also has been shown to reflect aspects of couple satisfaction, therefore it should be considered as a good scale for overall health in couples' relationships (Olson, 2004). Use of this therapy can increase the sexual efficacy and marital satisfaction between couples and improve their relations. The use of this therapy can increase efficacy of marital and sexual satisfaction between couples. It improves overall relatedness in couples.

This study will add to the growing body of scholarly work investigating the ingredients that make successful relationships prosper. It will also provide necessary knowledge in the field of enhancing life style quality in substance addicted couples. Limitations to this study include; the sampling method available from the community and the number of participants is relatively small. This treatment pro-

gram and therapeutic intervention has been shown to be effective. The goal for future research should be promotion of the development of the other therapists and researchers engaged in finding solutions for this population. As well as, discovering the impact of this intervention on diverse cities and cultures is suggested.

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